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- (71) Applicant (for all designated States except US): **GENETICS INSTITUTE, INC.** [US/US]; 87 Cambridge Park Drive, Cambridge, MA 02140 (US).
- (72) Inventors; and
- (75) Inventors/Applicants (for US only): **KEITH, James, C., Jr.** [US/US]; 28 Vine Street, Andover, MA 01810 (US). **MCCOY, John, M.** [GB/US]; 56 Howard Street, Reading, MA 01867 (US). **MI, Sha** [US/US]; 4 Vernon Road, Belmont, MA 02178 (US).
- (74) Agents: **MANDRAGOURAS, Amy, E.** et al.; Lahive & Cockfield, LLP, 28 State Street, Boston, MA 02109 (US).
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(54) Title: METHODS AND COMPOSITIONS FOR DIAGNOSING AND TREATING PREECLAMPSIA AND GESTATIONAL TROPHOBLAST DISORDERS

(57) Abstract: The invention provides methods for identifying compounds which are modulators of syncytin expression. The invention also provides methods for diagnosing a subject who is suffering from or at risk for developing preeclampsia, and kits for diagnosing such a subject. The invention further provides methods for treating a subject who is suffering from or at risk for developing preeclampsia. The invention still further provides methods for treating a subject who is suffering from a gestational trophoblast disorder.

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METHODS AND COMPOSITIONS FOR DIAGNOSING AND TREATING PREECLAMPSIA AND GESTATIONAL TROPHOBLAST DISORDERS

Related Applications

5 This application claims the benefit of U.S. Provisional Application Serial No. 60/216,657, filed July 7, 2000, the entire contents of which are incorporated herein by this reference. This application is also related to U.S. Patent Application Serial No. 09/175,928, filed October 20, 1998 (pending), the entire contents of which are incorporate herein by this reference.

10

Background of the Invention

Development of placentation and successful pregnancy depend on coordinated interactions between the uterine epithelium, the maternal decidua and myometrium, and the invasive properties of the fetal trophoblast. Preeclampsia is a hypertensive, multi-
15 system disorder of pregnant women that affects approximately 6% of first pregnancies and 1-2% of all pregnancies (MacGillivray, I., *Preeclampsia: the hypertensive disease of pregnancy*. W.B. Saunders, Philadelphia 1987:17). Preeclampsia is a major cause of maternal and fetal mortality and morbidity, and is a disease unique to human beings during pregnancy. Hospitalization, strict bed rest, magnesium sulfate administration to
20 prevent convulsions, and prompt delivery remain as the current standard of therapy for preeclampsia. Despite many years of study, the causes of preeclampsia are unclear.

The hallmarks of preeclampsia include hypertension, proteinuria, and edema. Underlying these clinical manifestations, placental maladaptation and body-wide endothelial cell dysfunction occur (Khong, T.Y. *et al.* (1986) *Br. J. Obstet. Gynecol.*
25 93:1049-1059; Roberts, J.M. *et al.* (1991) *Am. J. Hypertens.* 4:700-708). Failure of trophoblastic invasion into myometrial segments of maternal spiral arteries and the production of cytotoxic mediators which cause systemic endothelial damage also seem to be implicated.

Trophoblasts are a unique cell type in that they share characteristics of both
30 normal and neoplastic tissue. During normal development, like neoplastic cells, human trophoblasts invade through the extracellular matrix into the myometrial portion of spiral arteries. However, unlike neoplastic cells, which endlessly invade and finally spread to other organs, the invasive properties of the trophoblasts are eventually brought under

control, further cell differentiation proceeds, and cell senescence occurs. In normal gestation, trophoblasts convert spiral arteries into uteroplacental arteries by the above process (Pijnenborg *et al.*, in *Trophoblast Research* (Denker and Aplin, eds.) Plenum Press, New York, p. 333 (1990)). Uteroplacental arteries then dilate approximately 30-
5 fold as large as the spiral arteries. Resulting hemodynamic changes enable the placental bed to satisfy the increased demand for oxygen from the fetus during the latter stages of gestation. In preeclamptic women, however, spiral arteries are not properly converted into uteroplacental arteries due to the failure of the second wave of trophoblastic migration into the myometrium at the beginning of the second trimester (Khong *et al.*
10 (1986) *Br. J. Obstet. Gynecol.* 93:1049-1059). As a result, preeclamptic women typically demonstrate a high-resistance, high-pressure, and low-flow state with intact, non-dilated spiral arteries (Robertson *et al.* (1986) *Am. J. Obstet. Gynecol.* 155:401-412), and demonstrate a wide variety of clinical syndromes. Thus, abnormal behavior of the fetus-derived trophoblast appears to be a central aspect of the disease.

15

Summary of the Invention

The present invention relates to methods and compositions for diagnosing and treating preeclampsia and gestational trophoblast disorders using modulators of syncytin expression. Syncytin is a human gene derived from the envelope gene of a recently
20 identified human endogenous defective retrovirus, HERV-W (Blond, J.L. *et al.* (1999) *J. Virol.* 73:1175-85). Syncytin is only expressed in placental tissue, and the major site of syncytin expression is the placental syncytiotrophoblast (Mi, S. *et al.* (2000) *Nature* 403:785-789; PCT International Publication No. WO 99/60020), which is a fused multinuclear syncytium originating from cytotrophoblast cells. Previous data suggest
25 that syncytin may mediate placental cytotrophoblast fusion *in vivo* and may play an important role in human placental morphogenesis (Mi, S. *et al.* (2000) *supra*; PCT International Publication No. WO 99/60020). The present invention is based, at least in part, on the discovery that syncytin expression is dramatically reduced in preeclampsia, and it is also mis-localized to the apical syncytiotrophoblast membrane.

30 In one embodiment, the present invention provides methods for identifying compounds which are capable of treating or preventing preeclampsia that include contacting a cell (*e.g.*, a placental cell; a cytotrophoblast; a syncytiotrophoblast; a cell comprising or transfected with a nucleic acid molecule encoding a syncytin polypeptide;

or a cell comprising or transfected with a nucleic acid molecule comprising at least one syncytin regulatory element operatively linked to a reporter gene) and determining whether syncytin expression or activity in the cell is modulated, for example, as compared to a suitable control (*e.g.*, untreated cells or cells treated with a control). In a preferred embodiment, syncytin expression or activity is increased.

A further embodiment of the invention provides compounds identified according to the above-described methods.

Another embodiment of the invention provides methods for diagnosing a subject who is suffering from or at risk for developing preeclampsia, including contacting a biological sample (*e.g.*, a serum sample, an amniotic fluid sample, a chorionic villus sample, a placental sample, a tissue sample, a biological fluid sample, a tumor sample, an endothelial cell sample, a plasma sample, or a blood sample), or isolate thereof, with an agent capable of detecting syncytin mRNA or polypeptide, such that the presence of syncytin mRNA or polypeptide is detected in the biological sample, or isolate thereof, thereby determining whether the subject is suffering from or at risk for developing preeclampsia. In a preferred embodiment, syncytin polypeptide is detected in the biological sample. In another preferred embodiment, the biological sample is an amniotic fluid sample, a chorionic villus sample, or a placental sample. In a more preferred embodiment, the biological sample is a serum sample.

In a further embodiment, the invention provides a method for determining the level of syncytin mRNA or polypeptide in a biological sample. In still another embodiment, the invention provides a method for comparing the level of syncytin mRNA or polypeptide in a biological sample with the level of syncytin mRNA or polypeptide from a suitable or appropriate control.

In still a further embodiment, the invention provides methods for diagnosing a subject who is suffering from or is at risk for developing preeclampsia by further determining the levels of M-CSF and/or TNF α in a biological sample from the subject, or an isolate thereof, and comparing them to a suitable or appropriate control.

In another embodiment, the invention provides kits for diagnosing a subject suffering from or at risk for developing preeclampsia including an agent for detecting and/or determining the level of syncytin mRNA or polypeptide in a biological sample, or isolate thereof, and comparing the level of syncytin to a suitable or appropriate control. Such kits can further include instructions for use.

In another embodiment, the invention provides methods for treating a subject suffering from or at risk for developing preeclampsia with a therapeutically effective amount of a syncytin modulator. In a further embodiment, the invention provides methods for treating a subject suffering from or at risk for developing preeclampsia with therapeutically effective amounts of a syncytin modulator and, optionally, M-CSF and/or a TNF α inhibitor (e.g., etanercept).

In another embodiment, the invention provides methods for treating a subject suffering from a gestational trophoblast disorder (e.g., a missed or incomplete abortion, choriocarcinoma, hydatiform mole, or placental site tumor).

10

Other features and advantages of the invention will be apparent from the following detailed description and claims.

Detailed Description of the Invention

15 The present invention is based, at least in part, on the discovery that the expression of the syncytin gene in preeclampsia is dramatically reduced. The invention is also based of the discovery that the syncytin protein is aberrantly localized to the apical syncytiotrophoblast villous membrane in preeclamptic placental tissue, as opposed to its normal location on the basal membrane.

20 As used herein, "syncytin" refers to a human gene derived from the envelope gene of a recently identified human endogenous defective retrovirus, HERV-W (Blond, J.L. *et al.* (1999) *J. Virol.* 73:1175-85). Syncytin is only expressed in placental tissue, and the major site of syncytin expression is the placental syncytiotrophoblast (Mi, S. *et al.* (2000) *Nature* 403:785-789; PCT International Publication No. WO 99/60020), which is a fused multinuclear syncytium originating from cytotrophoblast cells. Previous data suggest that syncytin may mediate placental cytotrophoblast fusion *in vivo* and may play an important role in human placental morphogenesis (Mi, S. *et al.* (2000) *supra*; PCT International Publication No. WO 99/60020).

30 As used herein, the term "preeclampsia" includes a hypertensive, multi-system disorder of pregnant women, characterized by hypertension, proteinuria, edema, body-wide endothelial cell dysfunction, and placental maladaptation. Morphologic abnormalities of the placental villi are frequently described in placentas derived from preeclamptic pregnancies (Fox H., *Pathology of the Placenta*. WB Saunders, London

1997:151-159). Such abnormalities include disturbances in the syncytiotrophoblast such as increased numbers of syncytial knots (abnormal accumulations of syncytiotrophoblast nuclei) and the progressive proliferation of the villous cytotrophoblast.

As used interchangeably herein, the terms "trophoblast" and "cytotrophoblast" include cells of fetal origin which differentiate to form various tissues of the placenta, including the syncytiotrophoblast (as defined herein) on the villous surface of the placenta. In normal mammals, for example, a pregnant female mammal, the villous trophoblast cells are located immediately below the syncytiotrophoblast, and they proliferate and then fuse with the growing syncytiotrophoblast throughout progression of the pregnancy, thus allowing the syncytiotrophoblast to enlarge to accommodate placental villous elongation and branching. Trophoblasts, particularly those in the extravillous region of the placenta, also include cells that differentiate into intermediate trophoblast cells and then into multinucleated intermediate trophoblastic cells (Shih, I.M. and Kurman, R.J. (1997) *Verh. Dtsch. Ges. Pathol.* 81:266-72).

As used herein, the term "syncytiotrophoblast" includes a multinucleate, fused cell type of fetal origin. Syncytiotrophoblasts arise by cell fusion from cytotrophoblasts and constitute the boundary layer between maternal and fetal tissue. They are important in maternal-fetal exchange, in tissue remodeling during placental development, and in protecting the developing fetus from the maternal immune response (Cross, J.C. *et al.* (1996) *Science* 266:1508-1518; Lala, P.K. and Hamilton, G.S. (1996) *Placenta* 17:545-555; Munn, D.H. *et al.* (1998) *Science* 281:1191-1193).

The present invention is based, at least in part, on the discovery that syncytin expression in preeclampsia is dramatically reduced, as measured by *in situ* hybridization, Northern blot, and quantitative RT-PCR analysis. The invention is also based of the discovery that the syncytin protein is localized improperly to the apical syncytiotrophoblast villous membrane in preeclamptic placental tissue, as opposed to its normal location on the basal membrane.

Accordingly, the present invention features methods for identifying compounds which modulate the expression or activity of syncytin. As used interchangeably herein, the terms "expression of syncytin" and "syncytin expression" refer to the syncytin expressed or present in a biological sample, isolate, tissue, cell, or biological fluid. The syncytin may be in the form of nucleic acid molecules (*e.g.*, mRNA) or polypeptide molecules. Use used interchangeably herein, the terms "activity of syncytin" and

“syncytin activity” include one or more of the following activities: the ability to mediate the fusion of one cell with another cell (*e.g.*, two of the same cells or two different cells, for example, a placental cell, a trophoblast, a syncytiotrophoblast, a cell comprising or transfected with a nucleic acid molecule encoding a syncytin gene, or a cell comprising
5 or transfected with a nucleic acid molecule comprising at least one syncytin regulatory element operatively linked to a reporter gene) and the ability to localize to the basal membrane of a syncytiotrophoblast.

In another embodiment, the invention features prognostic and diagnostic methods useful in the prediction, detection, and treatment of preeclampsia and
10 gestational trophoblast disorders. The invention further features kits useful in the prediction and detection of preeclampsia. As defined herein, the term “gestational trophoblast disorder” includes pathologies, disorders, and conditions involving or affecting the placenta or trophoblast cells. Such conditions include, but are not limited to, preeclampsia, gestational hypertension, choriocarcinoma, missed or incomplete
15 abortion, placental site tumors, and hydatiform mole.

In one embodiment, the invention features a prognostic method for identifying a subject at risk for preeclampsia involving obtaining a biological sample from the subject and determining the level of syncytin in the biological sample. As used herein, a “biological sample” refers to a sample of biological material obtained from a subject,
20 preferably a human subject, or present within a subject, preferably a human subject, including a tissue, tissue sample, or cell sample (*e.g.*, a chorionic villus sample or a tissue biopsy, for example, an aspiration biopsy, a brush biopsy, a surface biopsy, a needle biopsy, a punch biopsy, an excision biopsy, an open biopsy, an incision biopsy, or an endoscopic biopsy), tumor, tumor sample, or biological fluid (*e.g.*, blood, serum,
25 plasma, amniotic fluid, urine, lymph, or spinal fluid).

As used herein, a “tissue sample” refers to a portion, piece, part, segment, or fraction of a tissue which is obtained or removed from an intact tissue of a subject, preferably a human subject. For example, tissue samples can be obtained from the skin, endothelium, vasculature, chorionic villus, placenta, uterus, vagina, or connective tissue.
30 As used herein, a “tumor sample” refers to a portion, piece, part, segment, or fraction of a tumor, for example, a tumor which is obtained or removed from a subject (*e.g.*, removed or extracted from the tissue of a subject), preferably a human subject. A tumor sample can be obtained, for example, from a choriocarcinoma.

The present invention also encompasses the use of isolates of a biological sample in the methods of the invention. As used herein, an "isolate" of a biological sample (*e.g.*, an isolate of a serum sample or a tissue or tumor sample) refers to a material or composition (*e.g.*, a biological material or composition) which has been separated, derived, divided, extracted, purified, or isolated from the sample and preferably is substantially free of undesirable compositions and/or impurities or contaminants associated with the biological sample. Preferred isolates include, but are not limited to, DNA (*e.g.*, cDNA or genomic DNA), RNA (*e.g.*, mRNA), and protein (*e.g.*, purified protein, protein extracts, or polypeptides). Additional preferred isolates include cells, as well as biological fluids (*e.g.*, blood, serum, amniotic fluid, urine, plasma, lymph, or spinal fluid).

The present invention features agents which are capable of detecting syncytin mRNA or polypeptide such that the presence of syncytin mRNA or polypeptide is detected. As defined herein, an "agent" refers to a substance which is capable of identifying or detecting syncytin in a biological sample (*e.g.*, identifies or detects syncytin mRNA, DNA, polypeptide, or activity). In one embodiment, the agent is a labeled or labelable antibody which specifically binds to a syncytin polypeptide. As used herein, "labeled or labelable" refers to the attaching or including of a label (*e.g.*, a marker or indicator). Markers or indicators include, but are not limited to, for example, radioactive molecules, fluorescent molecules, colorimetric molecules, and enzymatic molecules which produce detectable changes in a substrate. In one embodiment, the agent is an antibody which specifically binds to all or a portion of a syncytin polypeptide. As used herein, the phrase "specifically binds" refers to binding of, for example, an antibody to an epitope, antigen, or antigenic determinant in such a manner that binding can be displaced or competed with a second preparation of identical or similar epitope, antigen, or antigenic determinant. In an exemplary embodiment, the agent is a monoclonal antibody which specifically binds to all or a portion of a syncytin polypeptide. In another embodiment, the antibody is a polyclonal antibody.

In yet another embodiment, the agent is a labeled or labelable nucleic acid probe capable of hybridizing to syncytin mRNA. For example, the agent can be an oligonucleotide primer for the polymerase chain reaction which flanks or lies within the nucleotide sequence encoding the human syncytin. In a preferred embodiment, the biological sample being tested is an isolate, for example, RNA. In another embodiment,

the isolate (*e.g.*, RNA) is subjected to an amplification process which results in amplification of the syncytin nucleic acid. As defined herein, an "amplification process" is designed to strengthen, increase, or augment a molecule within an isolate. For example, where the isolate is mRNA, an amplification process such as RT-PCR can be
5 utilized to amplify the mRNA, such that a signal is detectable or detection is enhanced. Such an amplification process is beneficial particularly when the biological, tissue, or tumor sample is of a small size or volume.

Another aspect of the invention features a prognostic or diagnostic method for determining whether a subject is at risk for developing preeclampsia which involves
10 contacting the biological sample obtained from the subject (or an isolate of the sample) with an agent capable of detecting syncytin mRNA or polypeptide such that the presence of syncytin mRNA or polypeptide is detected in the biological sample or isolate, thereby determining whether the subject is at risk for developing preeclampsia. As used herein, a subject "at risk for developing preeclampsia" includes a subject who has a higher
15 probability of developing preeclampsia when compared to an average representative of the population. A subject's "risk of developing" preeclampsia can be based on an analysis of empirical criteria, or alternatively, can be based on a determination of altered syncytin expression or activity, for example, in a biological sample from said subject.

In another embodiment, the prognostic or diagnostic methods of the present
20 invention further involve determining the level of syncytin mRNA or polypeptide in the biological sample or isolate. As used herein, "determining the level" includes measuring an amount (*e.g.*, making a quantitative determination) or making a qualitative determination (*e.g.*, a determination of the presence versus the absence of syncytin mRNA or polypeptide). In yet another embodiment, the prognostic or diagnostic
25 methods of the present invention involve comparing the level of syncytin mRNA or polypeptide in the sample or isolate with the level of syncytin mRNA or polypeptide in an appropriate control sample. As used herein, the phrase "comparing the level" includes evaluating, balancing, or contrasting the amount or presence of, for example, syncytin mRNA or polypeptide in a first sample (*e.g.*, a test sample) with the amount or
30 presence of syncytin mRNA or polypeptide in a second sample (*e.g.*, a control sample). In a preferred embodiment, the amount of syncytin mRNA or polypeptide in a test sample is compared with averaged syncytin mRNA or polypeptide levels from samples taken from pregnant subjects who have had normal pregnancies. In a further

embodiment, the methods of the present invention comprise determining the levels of syncytin mRNA or polypeptide, along with determining the levels of M-CSF and/or TNF α mRNA or polypeptide, and comparing the level of each factor with its respective level in pregnant subjects who later went on to have normal pregnancies.

5 In another embodiment, the present invention features methods of treating a subject using a syncytin modulator. In one embodiment, the subject being treated has been diagnosed as having or being at risk for preeclampsia using one of the methods of the present invention. In another embodiment, the subject being treated has a gestational trophoblast disorder (*e.g.*, choriocarcinoma, hydatiform mole, placental site tumor, or
10 missed or incomplete abortion).

In one embodiment, the subject is treated with a therapeutically effective amount of a molecule identified as a syncytin modulator. In a preferred embodiment, the syncytin modulator increases expression of syncytin in the subject. In another embodiment, the subject is also treated with a therapeutically effective amount of M-
15 CSF and/or a TNF α inhibitor. In a preferred embodiment, the TNF α inhibitor is etanercept. As used herein, a "TNF α inhibitor" is defined as a compound or agent that inhibits the biological activity of TNF α . As used herein, the "biological activity of TNF α " is defined as the ability of TNF α to (1) bind to its natural receptor(s) on a cell and/or (2) activate signaling in a cell through its receptor(s). As used herein, a
20 "therapeutically effective amount" of a compound is the amount of a compound that is effective in treating a condition that is treatable by administration of the compound. In a preferred embodiment, the condition is preeclampsia. In another embodiment, the condition is a gestational trophoblast disorder (*e.g.*, choriocarcinoma, hydatiform mole, placental site tumor, or missed or incomplete abortion). In one embodiment, a
25 therapeutically effective amount of a compound is the amount of the compound sufficient to bring serum syncytin, M-CSF, and/or TNF α levels to normal levels, as compared to a suitable control (*e.g.*, the levels detected in a normal pregnant subject or average levels from normal pregnant subjects).

In yet another embodiment, the invention features kits for detecting the presence
30 of syncytin in a biological sample (or isolate of a sample) including an agent (*e.g.*, a labeled or labelable agent) capable of detecting syncytin mRNA or polypeptide in a biological sample. In one embodiment, the kit further includes a means for determining the amount of syncytin in the sample. In another embodiment, the agent of the kit is an

antibody capable of specifically binding to syncytin polypeptide. In another embodiment, the agent of the kit is a nucleic acid probe capable of hybridizing to syncytin mRNA. In yet another embodiment, the kit further includes a suitable or appropriate standard or control. In yet a further embodiment, the kit includes
5 instructions for use.

Various aspects of the invention are described in further detail in the following subsections:

10 **I. Methods for Identifying Syncytin Modulators**

The invention provides methods (also referred to herein as a "screening assays") for identifying modulators, *e.g.*, candidate or test compounds or agents (*e.g.*, peptides, peptidomimetics, small molecules, or other drugs) which modulate the expression or activity of syncytin.

15 In one embodiment, the invention provides assays for screening candidate or test compounds which modulate expression of syncytin mRNA or polypeptide. In another embodiment, the invention provides assays for screening candidate or test compounds which modulate the activity of syncytin polypeptide. The test compounds of the present invention can be obtained using any of the numerous approaches in combinatorial
20 library methods known in the art, including: biological libraries; spatially addressable parallel solid phase or solution phase libraries; synthetic library methods requiring deconvolution; the 'one-bead one-compound' library method; and synthetic library methods using affinity chromatography selection. The biological library approach is limited to peptide libraries, while the other four approaches are applicable to peptide,
25 non-peptide oligomer, or small molecule libraries of compounds (Lam, K.S. (1997) *Anticancer Drug Des.* 12:45).

Examples of methods for the synthesis of molecular libraries can be found in the art, for example, in: DeWitt *et al.* (1993) *Proc. Natl. Acad. Sci. USA* 90:6909; Erb *et al.* (1994) *Proc. Natl. Acad. Sci. USA* 91:11422; Zuckermann *et al.* (1994) *J. Med. Chem.*
30 37:2678; Cho *et al.* (1993) *Science* 261:1303; Carrell *et al.* (1994) *Angew. Chem. Int. Ed. Engl.* 33:2059; Carell *et al.* (1994) *Angew. Chem. Int. Ed. Engl.* 33:2061; and Gallop *et al.* (1994) *J. Med. Chem.* 37:1233.

Libraries of compounds may be presented in solution (*e.g.*, Houghten (1992) *Biotechniques* 13:412-421), or on beads (Lam (1991) *Nature* 354:82-84), chips (Fodor (1993) *Nature* 364:555-556), bacteria (Ladner USP 5,223,409), spores (Ladner USP '409), plasmids (Cull *et al.* (1992) *Proc. Natl. Acad. Sci. USA* 89:1865-1869) or on
5 phage (Scott and Smith (1990) *Science* 249:386-390); (Devlin (1990) *Science* 249:404-406); (Cwirla *et al.* (1990) *Proc. Natl. Acad. Sci. USA* 87:6378-6382); (Felici (1991) *J. Mol. Biol.* 222:301-310); (Ladner *supra.*).

In one embodiment, an assay is a cell-based assay in which a cell which is capable of expressing syncytin is contacted with a test compound, and the ability of the
10 test compound to modulate syncytin expression or activity is determined. The cell can be any type of cell that can express syncytin or respond in a syncytin-dependent manner. For example, the cell can be a placental cell such as a trophoblast cell or a syncytiotrophoblast cell. The cell may also be a placental or non-placental cell comprising or transfected with a nucleic acid molecule encoding a syncytin polypeptide
15 or a nucleic acid molecule comprising at least one syncytin regulatory element operatively linked to a reporter gene (*e.g.*, a nucleic acid molecule encoding a detectable marker, such as LacZ or luciferase). The nucleic acids transfected into the cells of the screening assays described herein are preferably contained in a vector, preferably an expression vector.

20 Therefore, another aspect of the invention pertains to vectors, for example recombinant expression vectors, containing a syncytin nucleic acid molecule or vectors containing a nucleic acid molecule which encodes a syncytin polypeptide (or a portion thereof). As used herein, the term "vector" refers to a nucleic acid molecule capable of transporting another nucleic acid to which it has been linked. One type of vector is a
25 "plasmid", which refers to a circular double stranded DNA loop into which additional DNA segments can be ligated. Another type of vector is a viral vector, wherein additional DNA segments can be ligated into the viral genome. Certain vectors are capable of autonomous replication in a host cell into which they are introduced (*e.g.*, bacterial vectors having a bacterial origin of replication and episomal mammalian
30 vectors). Other vectors (*e.g.*, non-episomal mammalian vectors) are integrated into the genome of a host cell upon introduction into the host cell, and thereby are replicated along with the host genome. Moreover, certain vectors are capable of directing the expression of genes to which they are operatively linked. Such vectors are referred to

herein as "expression vectors". In general, expression vectors of utility in recombinant DNA techniques are often in the form of plasmids. In the present specification, "plasmid" and "vector" can be used interchangeably as the plasmid is the most commonly used form of vector. However, the invention is intended to include such
5 other forms of expression vectors, such as viral vectors (*e.g.*, replication defective retroviruses, adenoviruses and adeno-associated viruses), which serve equivalent functions.

The recombinant expression vectors of the invention comprise a nucleic acid of the invention in a form suitable for expression of the nucleic acid in a host cell, which
10 means that the recombinant expression vectors include one or more regulatory sequences, selected on the basis of the host cells to be used for expression, which is operatively linked to the nucleic acid sequence to be expressed. Within a recombinant expression vector, "operably linked" is intended to mean that the nucleotide sequence of interest is linked to the regulatory sequence(s) in a manner which allows for expression
15 of the nucleotide sequence (*e.g.*, in an *in vitro* transcription/translation system or in a host cell when the vector is introduced into the host cell). The term "regulatory sequence" is intended to include promoters, enhancers and other expression control elements (*e.g.*, polyadenylation signals). Such regulatory sequences are described, for example, in Goeddel (1990) *Methods Enzymol.* 185:3-7. Regulatory sequences include
20 those which direct constitutive expression of a nucleotide sequence in many types of host cells and those which direct expression of the nucleotide sequence only in certain host cells (*e.g.*, tissue-specific regulatory sequences). It will be appreciated by those skilled in the art that the design of the expression vector can depend on such factors as the choice of the host cell to be transformed, the level of expression of protein desired,
25 and the like. Reporter genes

In one embodiment, modulators of syncytin expression are identified in a method wherein a cell is contacted with a candidate compound and the expression of syncytin mRNA or protein in the cell is determined. The level of expression of syncytin mRNA or protein in the presence of the candidate compound can be compared to the level of
30 expression of syncytin mRNA or protein in the absence of the candidate compound.

Alternatively, the level of expression (*e.g.*, in a cell contacted with a test or candidate compound) can be compared to a suitable control. As used herein, a suitable (or appropriate) control includes an experimental, test, assay, condition, or environment

designed or chosen based on the understanding or expectation that no effect or a normal effect (e.g., normal syncytin expression) will be detected. For example, in instances where the test or candidate compound is dissolved or consists of an aqueous or organic solution or solvent, a suitable or appropriate control might include a cell (e.g., a syncytin-expressing cell) contacted with the aqueous or organic solution or solvent, respectively. Alternatively, if the test or candidate compound is in a media extract, media extract absent the test or candidate compound may be an appropriate or suitable control. Moreover, in another exemplary embodiment, a suitable or appropriate control may be a level or value (e.g., a predetermined level or value) determined from a normal or control sample. For example, normal, normalized, or averaged serum syncytin levels (e.g., from a normal pregnant subject or group of such subjects). The candidate compound can then be identified as a modulator of syncytin expression based, for example, on a comparison to a suitable or appropriate control. For example, when expression of syncytin mRNA or protein is greater (statistically significantly greater) in the presence of the candidate compound than in the absence of the compound or in the presence of a suitable control, the candidate compound is identified as a stimulator of syncytin mRNA or protein expression. Alternatively, when expression of syncytin mRNA or protein is less (statistically significantly less) in the presence of the candidate compound than in the absence of the compound or in the presence of a suitable control, the candidate compound is identified as an inhibitor of syncytin mRNA or protein expression. The level of syncytin mRNA or protein expression in the cells (or in a biological sample or isolate thereof) can be determined by methods described herein for detecting syncytin mRNA or protein.

The screening assays of the present invention also include detection of syncytin activity. Detection of syncytin activity can include detection of the cellular localization of the syncytin polypeptide in a cell. For example, syncytin is normally localized to the basal syncytiotrophoblast membrane. Hence, "syncytin activity" is also defined as the normal localization of syncytin to the basal syncytiotrophoblast membrane. Immunohistochemical staining (as in Example 2) can be used to determine the cellular localization of the syncytin polypeptide in a cell.

Syncytin activity can also be determined by a cellular fusion assay, as detailed in Mi *et al.* (2000) *supra*. When syncytin is expressed in a cell (e.g., a COS cell or a BeWo cell), it can mediate fusion between that cell and another cell. Therefore, one

embodiment of the invention comprises a cell-based assay wherein a cell capable of expressing syncytin is contacted with a test compound and the ability of the test compound to mediate fusion of cells in the assay mixture is assayed. Cell fusion can be monitored by, for example, standard light microscopy, which is known in the art.

5 In a preferred embodiment, the novel agents identified by the above-described screening assays as syncytin modulators increase the expression or activity of syncytin.

Preferably, in the context of the screening assay methodologies described herein, determining syncytin expression or activity is accomplished in a vessel suitable for reacting assay components (*e.g.*, in a tube, for example, a test tube, in a well, for
10 example, in a microtiter-plate well, on a solid surface, for example, in a droplet or microdroplet, on a chip, or the like). More preferably, determining syncytin expression or activity is accomplished in a high throughput screening assay format or application, optionally assisted by robotics and/or computers for dispensing samples, handling reactants, collecting data, and the like.

15 This invention further pertains to novel agents identified by the above-described screening assays. Accordingly, it is within the scope of this invention to further use an agent identified as described herein in an appropriate animal model. For example, an agent identified as described herein (*e.g.*, a syncytin modulator) can be used in an animal model to determine the efficacy, toxicity, or side effects of treatment with such an agent.
20 Alternatively, an agent identified as described herein can be used in an animal model to determine the mechanism of action of such an agent. Furthermore, this invention pertains to uses of novel agents identified by the above-described screening assays for treatments as described herein.

25 **II. Methods of diagnosing increased risk for preeclampsia**

As described in Examples 1 and 2, syncytin expression is both decreased and mislocalized within the syncytiotrophoblast cells in preeclampsia. As a result of these abnormalities of syncytin expression and localization, there may be inefficient cell fusion to form the syncytiotrophoblast, leading to the morphologic abnormalities seen in
30 preeclampsia. Lack of efficient cell fusion may cause unstable placental villous structure, and indeed, increased trophoblast deportation into the maternal blood has been reported in pregnancies affected by preeclampsia (Chua, S. *et al.* (1991) *Br. J. Obstet.* 98:973-9). Therefore, the level of syncytin in maternal blood will be higher in

preeclampsia than in normal pregnancies (*i.e.*, increased trophoblast deportation into the maternal blood in preeclampsia leads to increased syncytin levels in maternal blood).

Accordingly, one embodiment of the present inventions provides a method for diagnosing increased risk for preeclampsia by determining the level of syncytin in a tissue, cell, or biological fluid sample from a pregnant subject. In a preferred
5 embodiment, the level of syncytin in maternal serum or blood is determined. The level of syncytin may also be determined from an amniotic fluid sample or from a tissue sample such as a chorionic villous sample or an endothelial cell sample.

In one embodiment, the invention provides a method for detecting the presence
10 of syncytin in a biological sample. The method involves contacting the biological sample with an agent capable of detecting syncytin protein or nucleic acid molecules (*e.g.*, syncytin mRNA) such that the presence of syncytin is detected in the biological sample. A preferred agent for detecting syncytin mRNA is a labeled or labelable nucleic acid probe capable of hybridizing to syncytin mRNA. The nucleic acid probe can be, for
15 example, the full-length syncytin cDNA of SEQ ID NO:1, or a portion thereof, such as an oligonucleotide of at least 15, 30, 50, 100, 250 or 500 nucleotides in length and is sufficiently complimentary to specifically hybridize under stringent conditions to syncytin mRNA.

A preferred agent for detecting syncytin protein is a labeled or labelable antibody
20 capable of binding to syncytin protein. Antibodies can be polyclonal, or more preferably, monoclonal. An intact antibody, or a fragment thereof (*e.g.*, Fab or F(ab')₂) can be used. The term "labeled or labelable", with regard to the probe or antibody, is intended to encompass direct labeling of the probe or antibody by coupling (*i.e.*, physically linking) a detectable substance to the probe or antibody, as well as indirect
25 labeling of the probe or antibody by reactivity with another reagent that is directly labeled. Examples of indirect labeling include detection of a primary antibody using a fluorescently labeled secondary antibody and end-labeling of a DNA probe with biotin such that it can be detected with fluorescently labeled streptavidin.

As used herein, the term "biological sample" refers to a sample of biological
30 material isolated from a subject, preferably a human subject, or present within a subject, preferably a human subject. The "biological material" can include, for example, tissues, tissue samples, tumors, tumor samples, cells, biological fluids, and purified and/or partially-purified biological molecules. As used herein, the term "isolated", when used

in the context of a biological sample, is intended to indicate that the biological sample has been removed from the subject. In one embodiment, a biological sample comprises a sample which has been isolated from a subject and is subjected to a method of the present invention without further processing or manipulation subsequent to its isolation.

5 In another embodiment, the biological sample can be processed or manipulated subsequent to being isolated and prior to being subjected to a method of the invention. For example, a sample can be refrigerated (*e.g.*, stored at 4°C), frozen (*e.g.*, stored at -20°C, stored at -135°C, frozen in liquid nitrogen, or cryopreserved using any one of many standard cryopreservation techniques known in the art). Furthermore, a sample can be

10 purified subsequent to isolation from a subject and prior to subjecting it to a method of the present invention. As used herein, the term "purified" when used in the context of a biological sample, is intended to indicate that at least one component of the isolated biological sample has been removed from the biological sample such that fewer components, and consequently, purer components, remain following purification. For

15 example, a serum sample can be separated into one or more components using centrifugation techniques known in the art to obtain partially-purified sample preparation. Furthermore, it is possible to purify a biological sample such that substantially only one component remains. For example, a tissue or tumor sample can be purified such that substantially only the protein or mRNA component of the

20 biological sample remains.

Furthermore, it may be desirable to amplify a component of a biological sample such that detection of the component is facilitated. For example, the mRNA component of a biological sample can be amplified (*e.g.*, by RT-PCR) such that detection of syncytin mRNA is facilitated. As used herein, the term "RT-PCR" ("reverse

25 transcriptase-polymerase chain reaction") includes subjecting mRNA to the reverse transcriptase enzyme resulting in the production of DNA which is complementary to the base sequences of the mRNA. Large amounts of selected cDNA can then be produced via the polymerase chain reaction which relies on the action of heat-stable DNA polymerase for its amplification action. Alternative amplification methods include, but

30 are not limited to, self sustained sequence replication (Guatelli, J.C. *et al.* (1990) *Proc. Natl. Acad. Sci. USA* 87:1874-1878), transcriptional amplification system (Kwoh, D.Y. *et al.* (1989) *Proc. Natl. Acad. Sci. USA* 86:1173-1177), Q-Beta Replicase (Lizardi, P.M. *et al.* (1988) *Bio/Technology* 6:1197), or any other nucleic acid amplification method,

followed by the detection of the amplified molecules using techniques well known to those of skill in the art. These detection schemes are especially useful for the detection of nucleic acid molecules if such molecules are present in very low numbers.

The detection methods of the present invention can be used to detect syncytin protein or nucleic acid molecules in a biological sample *in vitro* as well as *in vivo*. For example, *in vitro* techniques for detection of syncytin mRNA include Northern hybridizations and *in situ* hybridizations. *In vitro* techniques for detection of syncytin protein include enzyme linked immunosorbent assays (ELISAs), Western blots, immunoprecipitations and immunofluorescence.

In order to determine if the level of syncytin in a biological sample from a test subject is abnormal, the level of syncytin from the test subject is compared, for example, to the average level of syncytin determined from women who have had normal pregnancies. If the level of syncytin determined in the test subject is higher (*i.e.*, statistically significantly higher) than the levels for normal pregnancies, the test subject is diagnosed as being at risk for developing preeclampsia.

In one embodiment, a subject having a 1-10% increase in the level of serum syncytin is diagnosed as being at risk for preeclampsia. In another embodiment, a subject having a 10-20% increase in serum syncytin levels is diagnosed as being at risk. In yet another embodiment, a subject having a 20-30%, 30-40%, 40-50%, 50-100%, 100-200%, 200-400% (*e.g.*, 2-fold to 4-fold), 4-fold to 10-fold, 10-fold to 100-fold, 100-fold or greater increased levels, for example, when compared to a suitable or appropriate control, is diagnosed as being at risk for preeclampsia.

In another embodiment, the level of syncytin is determined during the first trimester of pregnancy (*i.e.*, approximately weeks 1-14 of gestation). In a preferred embodiment, the level of syncytin is determined at approximately 14 to 16 weeks gestation, before clinical symptoms typically appear. In a further preferred embodiment, the syncytin levels are determined at least twice, with at least one measurement during weeks 14 to 16 of gestation.

In another embodiment of the invention, in addition to determining the syncytin level in a biological sample from a test subject, levels of other factors may be determined in order to further determine the risk for developing preeclampsia. For example, levels of the cytokine M-CSF are decreased in maternal blood in pregnant women who go on to develop preeclampsia (Keith, J.C. (1996) U.S. Patent No.

5,580,554; Keith, J.C. (1996) U.S. Patent No. 5,453,138). Accordingly, one embodiment of the invention provides a method of diagnosing a subject at risk for preeclampsia that includes, in addition to determining the level of syncytin in a biological sample from a test subject, determining the level of M-CSF in the blood, serum, or plasma of a test subject and, optionally, for example, comparing said test subject's syncytin and M-CSF levels to the levels of syncytin and M-CSF in women who have gone on to have normal pregnancies. In general, levels of 500 units/ml M-CSF or above are considered normal. However, M-CSF levels of 500 to about 600 units/ml may be abnormal. A unit of M-CSF is equivalent to approximately 12 pg M-CSF. Thus, units may be measured by direct assay of the amount of M-CSF present (e.g., the exact ng/ml of M-CSF present in the sample), or by bioassay (e.g., the level of activity of the M-CSF in the sample compared to 12 pg of M-CSF). If the test subject's M-CSF level is below about 500 units/ml, optionally, in addition to the subject having a serum syncytin level that is abnormal, the test subject may be diagnosed as being at increased risk for preeclampsia.

In a further embodiment, in addition to determining the level of syncytin in a biological sample from a test subject, the TNF α level in the blood, serum, or plasma of a test subject may also be determined. Serum TNF α levels are decreased, as compared to normal pregnancies, during the early stages of preeclamptic pregnancy. Accordingly, decreased serum TNF α activity levels can be used to further diagnose a test subject as being at risk for preeclampsia. Serum biological activity levels of approximately 40 units/ml or more of TNF α are generally considered normal (Keith *et al.* (1993) *J. Perinatology* 13:417-418; Keith *et al.* (1995) *Hypertension and Pregnancy* 14:81-90). If a test subject has levels of TNF α that are below normal, optionally, in addition to the subject having a serum syncytin level that is abnormal, the test subject may be diagnosed as being at risk for preeclampsia. In later stages of preeclampsia, however, serum TNF α levels become increased as compared to normal pregnancies.

The present invention also comprises kits for detecting the presence of syncytin in a biological sample. For example, the kit can comprise a labeled or labelable agent capable of detecting syncytin mRNA or polypeptide in a biological sample and a means for determining the amount of syncytin mRNA or polypeptide in a biological sample. The agent can be packaged in a suitable container. The kit can further comprise a means

for comparing the amount of syncytin in the sample with a standard (*e.g.*, a chart showing normal and abnormal ranges for syncytin levels or a sample of a suitable or appropriate control) and/or can further comprise instructions for using the kit to detect syncytin mRNA or polypeptide. The kit may also comprise a means for determining the
5 levels of M-CSF and/or TNF α in a biological sample.

III. Methods of Treatment

In another embodiment, the present invention comprises methods of treatment of preeclampsia and gestational trophoblast disorders. Syncytin expression is decreased in
10 preeclampsia and is also mislocalized within the syncytiotrophoblast cells. Accordingly, the present invention provides methods for treating a subject with or at risk for developing preeclampsia with a syncytin modulator (*e.g.*, peptidomimetic, protein, peptide, nucleic acid, small molecule, or other drug candidate identified by the screening assays described herein; also referred to herein as “active compounds”). In a preferred
15 embodiment, a syncytin modulator increases syncytin expression. In another preferred embodiment, a syncytin modulator increases syncytin activity, as defined herein. A “syncytin modulator”, as used herein, includes any compound that modulates syncytin expression or activity.

In a one embodiment, the amount of a syncytin modulator administered to a
20 subject is a therapeutically effective amount. As used herein, a “therapeutically effective” amount of a compound (*e.g.*, a syncytin modulator) is defined as an amount of a compound sufficient to prevent or treat a disorder or condition (*e.g.*, preeclampsia) that can respond to treatment with said compound. A therapeutically effective amount of a syncytin modulator may also be an amount of a syncytin modulator sufficient to bring
25 syncytin levels (*e.g.*, serum syncytin levels) to normal levels. As used herein, “normal syncytin levels” refers to the average level of syncytin (*e.g.*, the serum level of syncytin polypeptide) measured from a subject or subjects who have gone on to have normal pregnancies. A therapeutically effective amount of a syncytin modulator may also be an amount of a syncytin modulator sufficient to normalize syncytin activity (*e.g.*, correct
30 localization of syncytin to the basal syncytiotrophoblast membrane, as determined by, for example, chorionic villus sampling) in a subject.

The syncytin modulators of the invention can be incorporated into pharmaceutical compositions suitable for administration. Such compositions typically comprise the small molecule, nucleic acid molecule, protein, or antibody and a pharmaceutically acceptable carrier. As used herein the language "pharmaceutically acceptable carrier" is intended to include any and all solvents, dispersion media, coatings, antibacterial and antifungal agents, isotonic and absorption delaying agents, and the like, compatible with pharmaceutical administration. The use of such media and agents for pharmaceutically active substances is well known in the art. Except insofar as any conventional media or agent is incompatible with the active compound, use thereof in the compositions is contemplated. Supplementary active compounds can also be incorporated into the compositions.

A pharmaceutical composition of the invention is formulated to be compatible with its intended route of administration. Examples of routes of administration include parenteral, *e.g.*, intravenous, intradermal, subcutaneous, oral (*e.g.*, inhalation), transdermal (topical), transmucosal, and rectal administration. Solutions or suspensions used for parenteral, intradermal, or subcutaneous application can include the following components: a sterile diluent such as water for injection, saline solution, fixed oils, polyethylene glycols, glycerine, propylene glycol or other synthetic solvents; antibacterial agents such as benzyl alcohol or methyl parabens; antioxidants such as ascorbic acid or sodium bisulfite; chelating agents such as ethylenediaminetetraacetic acid; buffers such as acetates, citrates or phosphates and agents for the adjustment of tonicity such as sodium chloride or dextrose. pH can be adjusted with acids or bases, such as hydrochloric acid or sodium hydroxide. The parenteral preparation can be enclosed in ampoules, disposable syringes or multiple dose vials made of glass or plastic.

Pharmaceutical compositions suitable for injectable use include sterile aqueous solutions (where water soluble) or dispersions and sterile powders for the extemporaneous preparation of sterile injectable solutions or dispersion. For intravenous administration, suitable carriers include physiological saline, bacteriostatic water, Cremophor EL™ (BASF, Parsippany, NJ) or phosphate buffered saline (PBS). In all cases, the composition must be sterile and should be fluid to the extent that easy syringeability exists. It must be stable under the conditions of manufacture and storage and must be preserved against the contaminating action of microorganisms such as

bacteria and fungi. The carrier can be a solvent or dispersion medium containing, for example, water, ethanol, polyol (for example, glycerol, propylene glycol, and liquid polyethylene glycol, and the like), and suitable mixtures thereof. The proper fluidity can be maintained, for example, by the use of a coating such as lecithin, by the
5 maintenance of the required particle size in the case of dispersion and by the use of surfactants. Prevention of the action of microorganisms can be achieved by various antibacterial and antifungal agents, for example, parabens, chlorobutanol, phenol, ascorbic acid, thimerosal, and the like. In many cases, it will be preferable to include isotonic agents, for example, sugars, polyalcohols such as manitol, sorbitol, sodium
10 chloride in the composition. Prolonged absorption of the injectable compositions can be brought about by including in the composition an agent which delays absorption, for example, aluminum monostearate and gelatin.

Sterile injectable solutions can be prepared by incorporating the active compound in the required amount in an appropriate solvent with one or a combination of
15 ingredients enumerated above, as required, followed by filtered sterilization. Generally, dispersions are prepared by incorporating the active compound into a sterile vehicle which contains a basic dispersion medium and the required other ingredients from those enumerated above. In the case of sterile powders for the preparation of sterile injectable solutions, the preferred methods of preparation are vacuum drying and freeze-drying
20 which yields a powder of the active ingredient plus any additional desired ingredient from a previously sterile-filtered solution thereof.

Oral compositions generally include an inert diluent or an edible carrier. They can be enclosed in gelatin capsules or compressed into tablets. For the purpose of oral therapeutic administration, the active compound can be incorporated with excipients and
25 used in the form of tablets, troches, or capsules. Oral compositions can also be prepared using a fluid carrier for use as a mouthwash, wherein the compound in the fluid carrier is applied orally and swished and expectorated or swallowed. Pharmaceutically compatible binding agents, and/or adjuvant materials can be included as part of the composition. The tablets, pills, capsules, troches and the like can contain any of the
30 following ingredients, or compounds of a similar nature: a binder such as microcrystalline cellulose, gum tragacanth or gelatin; an excipient such as starch or lactose, a disintegrating agent such as alginic acid, Primogel, or corn starch; a lubricant such as magnesium stearate or Sterotes; a glidant such as colloidal silicon dioxide; a

sweetening agent such as sucrose or saccharin; or a flavoring agent such as peppermint, methyl salicylate, or orange flavoring.

For administration by inhalation, the compounds are delivered in the form of an aerosol spray from pressured container or dispenser which contains a suitable propellant,
5 *e.g.*, a gas such as carbon dioxide, or a nebulizer.

Systemic administration can also be by transmucosal or transdermal means. For transmucosal or transdermal administration, penetrants appropriate to the barrier to be permeated are used in the formulation. Such penetrants are generally known in the art, and include, for example, for transmucosal administration, detergents, bile salts, and
10 fusidic acid derivatives. Transmucosal administration can be accomplished through the use of nasal sprays or suppositories. For transdermal administration, the active compounds are formulated into ointments, salves, gels, or creams as generally known in the art.

The compounds can also be prepared in the form of suppositories (*e.g.*, with
15 conventional suppository bases such as cocoa butter and other glycerides) or retention enemas for rectal delivery.

In one embodiment, the active compounds are prepared with carriers that will protect the compound against rapid elimination from the body, such as a controlled release formulation, including implants and microencapsulated delivery systems.
20 Biodegradable, biocompatible polymers can be used, such as ethylene vinyl acetate, polyanhydrides, polyglycolic acid, collagen, polyorthoesters, and polylactic acid. Methods for preparation of such formulations will be apparent to those skilled in the art. The materials can also be obtained commercially from Alza Corporation and Nova Pharmaceuticals, Inc. Liposomal suspensions (including liposomes targeted to infected
25 cells with monoclonal antibodies to viral antigens) can also be used as pharmaceutically acceptable carriers. These can be prepared according to methods known to those skilled in the art, for example, as described in U.S. Patent No. 4,522,811.

It is especially advantageous to formulate oral or parenteral compositions in dosage unit form for ease of administration and uniformity of dosage. Dosage unit form
30 as used herein refers to physically discrete units suited as unitary dosages for the subject to be treated; each unit containing a predetermined quantity of active compound calculated to produce the desired therapeutic effect in association with the required pharmaceutical carrier. The specification for the dosage unit forms of the invention are

dictated by and directly dependent on the unique characteristics of the active compound and the particular therapeutic effect to be achieved, and the limitations inherent in the art of compounding such an active compound for the treatment of individuals.

Toxicity and therapeutic efficacy of such compounds can be determined by
5 standard pharmaceutical procedures in cell cultures or experimental animals, *e.g.*, for determining the LD50 (the dose lethal to 50% of the population) and the ED50 (the dose therapeutically effective in 50% of the population). The dose ratio between toxic and therapeutic effects is the therapeutic index and it can be expressed as the ratio LD50/ED50. Compounds which exhibit large therapeutic indices are preferred. While
10 compounds that exhibit toxic side effects may be used, care should be taken to design a delivery system that targets such compounds to the site of affected tissue in order to minimize potential damage to uninfected cells and, thereby, reduce side effects.

The data obtained from the cell culture assays and animal studies can be used in formulating a range of dosage for use in humans. The dosage of such compounds lies
15 preferably within a range of circulating concentrations that include the ED50 with little or no toxicity. The dosage may vary within this range depending upon the dosage form employed and the route of administration utilized. For any compound used in the method of the invention, the therapeutically effective dose can be estimated initially from cell culture assays. A dose may be formulated in animal models to achieve a
20 circulating plasma concentration range that includes the IC50 (*i.e.*, the concentration of the test compound which achieves a half-maximal inhibition of symptoms) as determined in cell culture. Such information can be used to more accurately determine useful doses in humans. Levels in plasma may be measured, for example, by high performance liquid chromatography.

25 The pharmaceutical compositions can be included in a container, pack, or dispenser together with instructions for administration.

In one embodiment, a syncytin modulator is administered beginning late during the first trimester of pregnancy or early during the second trimester. In another embodiment, a syncytin modulator is administered beginning at approximately 14 to 16
30 weeks gestation or 16 to 18 weeks gestation. In another embodiment, a syncytin modulator is administered beginning at 16 to 18 weeks and continued until syncytin levels in the subject (*e.g.*, serum syncytin levels in the subject) are within normal levels (*e.g.*, syncytin levels determined from subjects with normal pregnancies). Preferably,

administration of a syncytin modulator does not continue beyond approximately 30 weeks gestation. Additionally, administration of a syncytin modulator is preferably discontinued before any side effects (*e.g.*, side effects undesirable in a subject) are observed.

5 In a preferred embodiment, a subject diagnosed as suffering from or at risk for developing preeclampsia may be treated with a syncytin modulator and an additional compound or agent. Such compounds include, but are not limited to, M-CSF and TNF α inhibitors (*e.g.*, etanercept). Serum M-CSF levels are reduced in preeclampsia. Therefore, subjects suffering from or at risk for developing preeclampsia may be treated
10 by administering, in addition to a syncytin modulator, a therapeutically effective amount of M-CSF, as described in Keith, J.C. (1996) U.S. Patent No. 5,580,554 and Keith, J.C. (1996) U.S. Patent No. 5,543,138. A therapeutically effective amount of M-CSF may be defined as an amount sufficient to treat a disorder or condition (*e.g.*, preeclampsia) that can respond to M-CSF treatment, or an amount sufficient to bring M-CSF levels (*e.g.*,
15 serum M-CSF levels) to normal levels, as measured in subjects with normal pregnancies.

 It has been shown that TNF α production becomes elevated during late pregnancy in preeclampsia (Keith *et al.* (1993) *supra*; Keith *et al.* (1995) *supra*). Accordingly, it may be desirable to administer a therapeutically effective amount of a
20 TNF α inhibitor (*e.g.*, a polypeptide, for example a soluble TNF α receptor polypeptide or an anti-TNF α antibody, or a small molecule that inhibits TNF α activity) to a subject in conjunction with a syncytin modulator and/or M-CSF. As used herein, a "TNF α inhibitor" includes an agent or compound (*e.g.*, an antibody, polypeptide, nucleic acid molecule, or small molecule) capable of decreasing or reducing the expression or
25 activity of TNF α in a cell or subject, for example, a human subject. Preferably, a TNF α inhibitor inhibits the bioavailability of circulating TNF α in a subject (*e.g.*, decreases the availability of TNF α to interact with a TNF α receptor on a cell (*e.g.*, a cell within a subject). As used herein, a "therapeutically effective amount of a TNF α inhibitor" is defined as an amount sufficient to treat a condition or disorder (*e.g.*, preeclampsia) that
30 can respond to treatment by TNF α inhibition, or an amount sufficient to bring TNF α levels (*e.g.*, serum TNF α levels) to normal levels, as measured in subjects with normal pregnancies.

In a preferred embodiment, the TNF α inhibitor is the compound etanercept (also known by the name Enbrel[®], available through Wyeth-Ayerst Pharmaceuticals and Immunex Corporation). Etanercept is a biologically engineered protein that consists of two natural soluble TNF receptor domains linked to the Fc portion of human IgG1 (Moreland, L.W. *et al.* (1997) *N. Engl. J. Med.* 337:141-147). Etanercept binds to free TNF α and blocks two of the three receptor-binding sites on the TNF α molecule, rendering it inactive. Etanercept binds to TNF α with much greater affinity than the endogenous soluble receptor, making it very effective in inhibiting TNF α interaction with cell-surface receptors (Mohler, K.M. *et al.* (1993) *J. Immunol.* 151:1548-1561). Etanercept was originally developed as an agent to block TNF α -mediated inflammatory responses, *e.g.*, rheumatoid arthritis (Fleischmann, R.M. (1999) *Clin. Ther.* 21:1429-1442; Franklin, C.M. (1999) *Sem. Arthritis Rheumatism* 29:172-182; Deswal, A. *et al.* (1999) *Circulation* 99:3224-3226).

In another embodiment of the invention, a syncytin modulator may be used in the treatment of conditions, other than preeclampsia, that are or may be caused or affected by aberrant syncytin expression or activity. Such conditions include, but are not limited to, gestational trophoblast disorders, *e.g.*, choriocarcinoma, hydatiform mole, placental site tumors, and/or missed or incomplete abortion. Gestational trophoblast disorders consist of disorders or conditions wherein trophoblast cells do not exhibit normal behavior, *e.g.*, growth cessation and/or differentiation into syncytiotrophoblasts. Such disorders can be malignant and cause death in a subject if not treated effectively.

Accordingly, one embodiment of the invention involves treating a subject with a gestational trophoblast disorder with a therapeutically effective amount of a syncytin modulator. A therapeutically effective amount of a syncytin modulator (*e.g.*, a therapeutic amount effective to treat a subject having a gestational trophoblast disorder) includes an amount sufficient to treat a gestational trophoblast disorder, such that the gestational trophoblast disorder is treated or cured. In a preferred embodiment, the syncytin modulator increases the expression or activity of syncytin in the gestational trophoblast disorder.

30

IV. Nucleic Acid Molecules and Polypeptides

The sequences of the syncytin nucleic acid molecules and polypeptides used in the methods of the invention are known in the art (Blond, J.L. *et al.* (1999) *J. Virol.* 73:1175-85; Mi, S. *et al.* (2000) *Nature* 403:785-789; PCT International Publication No. WO 99/60020; and GenBank Accession Nos. AF208161 and NM_014590; the contents of which are incorporated herein by reference). The nucleic acid and polypeptide sequences of syncytin are further set forth as SEQ ID NOs:1 and 2, respectively. Those skilled in the art will recognize that the syncytin nucleic acid molecules and polypeptides used in the methods of the invention may include nucleic acid molecules and polypeptides which differ from the sequences set forth in SEQ ID NOs:1 and 2 but which retain syncytin activity.

For example, the methods of the invention further encompass nucleic acid molecules that differ from the nucleotide sequence shown in SEQ ID NO:1 due to degeneracy of the genetic code and thus encode the same syncytin protein set forth in SEQ ID NO:2. In another embodiment, the methods of the invention include the use of a nucleic acid molecule having a nucleotide sequence encoding a protein having an amino acid sequence which differs by at least 1, but no greater than 5, 10, 20, 50 or 100 amino acid residues from the amino acid sequence shown in SEQ ID NO:2. The methods of the invention further include the use of a syncytin polypeptide which differs by at least 1, but no greater than 5, 10, 20, 50, 100, or 200 amino acid residues from the amino acid sequence shown in SEQ ID NO:2. If an alignment is needed for this comparison, the sequences should be aligned for maximum homology.

The methods of the invention also include the use of syncytin polypeptides and nucleic acid molecules encoding syncytin polypeptides that contain changes in amino acid residues that are not essential for activity. Such syncytin polypeptides differ in amino acid sequence from SEQ ID NO:2, yet retain biological activity. In one embodiment, the isolated nucleic acid molecule comprises a nucleotide sequence encoding a syncytin polypeptide, wherein the syncytin polypeptide comprises an amino acid sequence at least about 50%, 55%, 60%, 65%, 70%, 75%, 80%, 85%, 88%, 89%, 90%, 95%, 96%, 97%, 98% 99%, 99.1%, 99.2%, 99.3%, 99.4%, 99.5%, 99.6%, 99.7%, 99.8%, 99.9% or more homologous to SEQ ID NO:2, *e.g.*, to the entire length of SEQ ID NO:2.

An isolated nucleic acid molecule encoding a syncytin polypeptide homologous to the protein of SEQ ID NO:2 can be created by introducing one or more nucleotide substitutions, additions or deletions into the nucleotide sequence of SEQ ID NO:1, such that one or more amino acid substitutions, additions or deletions are introduced into the encoded protein. Mutations can be introduced into SEQ ID NO:1 by standard techniques, such as site-directed mutagenesis and PCR-mediated mutagenesis. Preferably, conservative amino acid substitutions are made at one or more predicted non-essential amino acid residues. A "conservative amino acid substitution" is one in which the amino acid residue is replaced with an amino acid residue having a similar side chain. Families of amino acid residues having similar side chains have been defined in the art. These families include amino acids with basic side chains (*e.g.*, lysine, arginine, histidine), acidic side chains (*e.g.*, aspartic acid, glutamic acid), uncharged polar side chains (*e.g.*, glycine, asparagine, glutamine, serine, threonine, tyrosine, cysteine, tryptophan), nonpolar side chains (*e.g.*, alanine, valine, leucine, isoleucine, proline, phenylalanine, methionine), beta-branched side chains (*e.g.*, threonine, valine, isoleucine) and aromatic side chains (*e.g.*, tyrosine, phenylalanine, tryptophan, histidine). Thus, a predicted nonessential amino acid residue in a syncytin polypeptide is preferably replaced with another amino acid residue from the same side chain family. Alternatively, in another embodiment, mutations can be introduced randomly along all or part of syncytin polypeptide coding sequence, such as by saturation mutagenesis, and the resultant mutants can be screened for syncytin biological activity to identify mutants that retain activity. Following mutagenesis of SEQ ID NO:1, the encoded protein can be expressed recombinantly and the activity of the protein can be determined.

To determine the percent identity of two amino acid sequences or of two nucleic acid sequences, the sequences are aligned for optimal comparison purposes (*e.g.*, gaps can be introduced in one or both of a first and a second amino acid or nucleic acid sequence for optimal alignment and non-homologous sequences can be disregarded for comparison purposes). In a preferred embodiment, the length of a reference sequence aligned for comparison purposes is at least 30%, preferably at least 40%, more preferably at least 50%, even more preferably at least 60%, and even more preferably at least 70%, 80%, or 90% of the length of the reference sequence (*e.g.*, when aligning a second sequence to the syncytin amino acid sequence of SEQ ID NO:2 having 538

amino acid residues, at least 161, preferably at least 215, more preferably at least 269, even more preferably at least 323, and even more preferably at least 377, 430 or 484 amino acid residues are aligned). The amino acid residues or nucleotides at corresponding amino acid positions or nucleotide positions are then compared. When a position in the first sequence is occupied by the same amino acid residue or nucleotide as the corresponding position in the second sequence, then the molecules are identical at that position (as used herein amino acid or nucleic acid "identity" is equivalent to amino acid or nucleic acid "homology"). The percent identity between the two sequences is a function of the number of identical positions shared by the sequences, taking into account the number of gaps, and the length of each gap, which need to be introduced for optimal alignment of the two sequences.

The comparison of sequences and determination of percent identity between two sequences can be accomplished using a mathematical algorithm. In a preferred embodiment, the percent identity between two amino acid sequences is determined using the Needleman and Wunsch (*J. Mol. Biol.* (48):444-453 (1970)) algorithm which has been incorporated into the GAP program in the GCG software package (available online through the Genetics Computer Group), using either a Blossum 62 matrix or a PAM250 matrix, and a gap weight of 16, 14, 12, 10, 8, 6, or 4 and a length weight of 1, 2, 3, 4, 5, or 6. In yet another preferred embodiment, the percent identity between two nucleotide sequences is determined using the GAP program in the GCG software package (available online through the Genetics Computer Group), using a NWSgapdna.CMP matrix and a gap weight of 40, 50, 60, 70, or 80 and a length weight of 1, 2, 3, 4, 5, or 6. A preferred, non-limiting example of parameters to be used in conjunction with the GAP program include a Blossum 62 scoring matrix with a gap penalty of 12, a gap extend penalty of 4, and a frameshift gap penalty of 5.

In another embodiment, the percent identity between two amino acid or nucleotide sequences is determined using the algorithm of Meyers and Miller (*Comput. Appl. Biosci.* 4:11-17 (1988)) which has been incorporated into the ALIGN program (version 2.0 or version 2.0U), using a PAM120 weight residue table, a gap length penalty of 12 and a gap penalty of 4.

This invention is further illustrated by the following examples, which should not be construed as limiting. The contents of all references, patents and published patent applications cited throughout this application, as well as the Sequence Listing, are incorporated herein by reference.

5

EXAMPLES

EXAMPLE 1: COMPARISON OF SYNCYTIN EXPRESSION IN PREECLAMPTIC AND NORMAL PLACENTAE

10 This example describes the results of an investigation of a potential role for syncytin in preeclampsia. Normal ($n = 28$) and preeclamptic ($n = 21$) placentas were studied by light microscopy, *in situ* hybridization, and immunohistochemical staining in order to determine whether differences in syncytin gene expression and syncytin protein distribution were present between normal and preeclamptic pregnancy. Previously
15 normotensive pregnancies were diagnosed as preeclamptic if blood pressures were $\geq 140/90$ and there was $\geq 2+$ proteinuria by dipstick determination on two occasions.

Histological Comparison of Placental Sections by Light Microscopy

Placental tissue sections were prepared and processed for routine light
20 microscopic examination. The tissue was stained by hematoxylin and eosin as described by Allen, T.C. (*Laboratory Methods in Histotechnology*). Placental sections from 30 week and 39 week preeclamptic pregnancies revealed structural abnormalities of syncytiotrophoblast, including increased syncytial knots and proliferation of cytotrophoblasts in the placental villi. In contrast, placental sections from 31 and 40
25 week, age-matched placentas, obtained from pregnancies without symptoms of preeclampsia, had normal villous syncytiotrophoblast structural features.

Comparison of Syncytin mRNA expression in Placental Sections

In situ hybridization was used to determine and compare the relative syncytin
30 mRNA expression levels between apparently normal and preeclamptic placenta. Placental sections were prepared and processed as described in Mi, S. *et al.* (2000) *supra*, and were probed with digoxigenin-labeled syncytin antisense and sense RNA. Sections were stained using alkaline phosphate substrates NBT and BCIP using

conditions recommended by the manufacturer. Unlike in normal tissue, there was great difficulty identifying syncytin mRNA in preeclamptic tissues. Compared to normal 40 week placenta, a very weak hybridization signal was detected in the syncytiotrophoblast of the villi from the 32 week preeclamptic placenta.

5

Comparison of Syncytin mRNA Expression by Northern Blot and RT-PCR

Northern blot hybridization was used to confirm the *in situ* results set forth above. Northern blots were performed as described in Mi, S. *et al.* (2000) *supra*. 2 µg of mRNA from normal or preeclamptic placentas of different gestational ages were
10 heated at 65°C for 15 minutes in formaldehyde/MOPS agarose gel. The RNA was transferred to a nylon membrane for hybridization to a [³²P]-syncytin probe at 72°C using Hybridization Express buffer (Clontech Laboratories, Inc., Palo Alto, CA). The filter was then washed and autoradiographed using Kodak film.

For apparently normal placentas, a progressive increase in syncytin mRNA
15 expression occurred between 9 to 40 weeks of gestation. However, the syncytin mRNA level from 3 week preeclamptic placenta was lower than apparently normal 9 or 12 week placental levels.

A Taqman RT-PCR kit (PE Biosystems) was used to quantify the syncytin mRNA expression levels. Briefly, syncytin primers 5'-
20 CACAACCAACTCCCAATGCA-3' (forward) (SEQ ID NO:3), 5'-AGAGCCATTCAAACAACGATAGG-3' (reverse) (SEQ ID NO:4), and 5'-FAM-CTCCTCCCACACAAATAGTCTGCCTACCCT-TAMRA-3' (reporter probe, from Perkin Elmer) (SEQ ID NO:5) were used for the quantitation. Human GAPDH control reagents were obtained from Perkin Elmer (#402869 JOE Reporter). The Delta-Delta
25 CT method (Bulletin #2) was used for the calculation of relative levels of RNA expression. The RT-PCR and PCR were performed as described by the manufacturers (MMLV, Cat#Z8025013, Gibco; Taqman™ Gold RT-PCR Kit, Cat#N808-0232, Perkin Elmer).

The results of the quantitative RT-PCR of the syncytin mRNA levels
30 demonstrated that syncytin mRNA levels in the 32 week preeclamptic placenta were about 4-fold lower than syncytin mRNA levels from 21 week placental tissue derived

from apparently normal pregnancies, when the mRNA levels were normalized to the housekeeping gene GAPDH.

EXAMPLE 2: LOCALIZATION OF SYNCYTIN PROTEIN IN PLACENTAL SECTIONS

5

In order to study the actual distribution of the syncytin protein within the syncytiotrophoblast, immunohistochemical staining of sections of normal and preeclamptic placental tissue was carried out with a specific antibody for syncytin. Placental tissue sections were fixed in 4% paraformaldehyde overnight at 4°C.

10 Immunostaining of placental tissue was performed using a VectastainR ABC-AP kit. A specific Rabbit anti-syncytin antibody described in Mi, S. *et al.* ((2000) *supra*) was used to localize syncytin in the syncytiotrophoblast.

In normal placentas, syncytin was predominantly localized to the basal membrane of the syncytiotrophoblast. In contrast, syncytin was localized to the apical
15 membrane of the syncytiotrophoblast in preeclamptic placentas.

To be certain that the syncytiotrophoblast membrane was not inverted, the tissue sections were also stained with endoglin (CD105). Endoglin has been localized previously to the apical membrane of the syncytiotrophoblast (Dagdeviren, A. *et al.* (1998) *Anat. Anz.* 180:461-9). Both normal and preeclamptic tissues showed proper
20 localization of endoglin to the apical membrane.

EXAMPLE 3: MEASUREMENT OF SERUM SYNCYTIN LEVELS AS A DIAGNOSTIC FOR SUBJECTS AT RISK OF DEVELOPING OR HAVING PRECLAMPSIA

25

Preliminary Western dot blot dilution studies of syncytin in normal versus preeclamptic serum samples demonstrated that syncytin levels are higher in the serum of subjects diagnosed by alternative methodologies as having preeclampsia. Briefly, serum samples from normal subjects (*e.g.*, normal pregnant subjects) and serum samples from preeclamptic subjects were subjected to dilution and resulting diluted samples were
30 analyzed by Western dot blot using a syncytin-specific antibody. Serum samples from preeclamptic women required higher-fold dilution before the syncytin signal by Western dot blot was reduced to baseline as compared to serum samples from normal women.

Accordingly, to diagnose a subject or patient at risk of developing or having preeclampsia, serum levels of syncytin are measured, for example, at 16 weeks in a pregnant subject utilizing standardized methodologies. An exemplary method for measuring syncytin levels in maternal blood is to use an enzyme-linked immunosorbent
5 assay (ELISA). The assay is a triple antibody sandwich using a monoclonal anti-syncytin biotinylated goat anti-rabbit immunoglobulin with streptavidin-peroxidase, and O-phenylenediamine as the chromogen.

The measured syncytin level from the test subject is then compared to an average measured syncytin level from normal pregnant women, and it is determined if there is a
10 (statistically significant) difference (*e.g.*, increase) in serum syncytin levels between the test subject and the average normal subject. If the test subject has a statistically significantly higher level of serum syncytin, the test subject is thereby diagnosed as being at risk for preeclampsia.

15 **Equivalents**

Those skilled in the art will recognize, or be able to ascertain using no more than routine experimentation, many equivalents to the specific embodiments of the invention described herein. Such equivalents are intended to be encompassed by the following claims.

What is claimed:

1. A method for identifying a compound capable of treating or preventing preeclampsia comprising:
 - 5 a) contacting a cell with a test compound;
 - b) determining whether expression or activity of syncytin in the cell is modulated in the presence of the compound; and
 - c) identifying the compound as being capable of treating or preventing preeclampsia based on the ability of the compound to modulate expression or
10 activity of syncytin.
2. The method of claim 1, wherein the ability of the test compound to modulate syncytin activity in the cell is determined by detecting the ability of the test compound to modulate the cellular localization of syncytin in the cell.
15
3. The method of claim 1, wherein the ability of the test compound to modulate syncytin activity in the cell is determined by detecting the ability of the test compound to modulate fusion between the cell and a second cell.
- 20 4. The method of claim 1, wherein the ability of the compound to modulate syncytin expression is determined by detecting syncytin expression and comparing said expression to a suitable control.
5. The method of claim 1, wherein the cell is selected from the group
25 consisting of a placental cell, a cytotrophoblast, a syncytiotrophoblast, a cell comprising or transfected with a nucleic acid molecule encoding a syncytin polypeptide, and a cell comprising or transfected with a nucleic acid molecule comprising at least one syncytin regulatory element operatively linked to a reporter gene.
- 30 6. The method of claim 1, wherein the expression or activity of syncytin is increased.

7. A compound identified according to the method of any of claims 1, 2, 3, 4, 5, or 6.

8. A prognostic method for determining whether a subject is at risk for developing preeclampsia comprising detecting the presence or level of syncytin mRNA or polypeptide in a biological sample obtained from said subject, or isolate of said sample, thereby determining that the subject is at risk for developing preeclampsia based on the presence or level of syncytin detected.

9. A diagnostic method for determining whether a subject has preeclampsia comprising detecting the presence or level of syncytin mRNA or polypeptide in a biological sample obtained from said subject, or isolate of said sample, thereby determining that the subject has preeclampsia.

10. The method of claim 9, further comprising comparing the level of syncytin mRNA or polypeptide in the biological sample obtained from said subject, or isolate of said sample, to the level of syncytin of mRNA or polypeptide in an appropriate control.

11. The method of claim 9, wherein the biological sample is selected from the group consisting of a tissue sample, a tumor sample, an endothelial cell sample, a plasma sample, and a blood sample.

12. The method of claim 9, wherein the biological sample is a serum sample.

13. The method of claim 9, wherein the biological sample is selected from the group consisting of an amniotic fluid sample, a chorionic villus sample, and a placental sample.

14. The method of claim 9, further comprising detecting the presence or level of at least one additional factor in said biological sample.

15. The method of claim 14, wherein said additional factor is selected from the group consisting of TNF α mRNA, TNF α polypeptide, M-CSF mRNA, and M-CSF polypeptide.

5 16. The method of any of claims 14 or 15, further comprising comparing the level of said additional factor to a suitable control.

17. The methods of any of claims 8 to 15, wherein the levels of syncytin or the additional factor are determined during the first trimester of pregnancy.

10

18. The methods of any of claims 8 to 15, wherein the levels of syncytin or the additional factor are determined at approximately 14 to 16 weeks of gestation.

19. A method for treating a subject having or at increased risk for
15 preeclampsia comprising administering a therapeutically effective amount of a syncytin modulator, such that said preeclampsia is treated or prevented.

20. The method of claim 19, wherein said therapeutically effective amount of a syncytin modulator comprises an amount sufficient to bring serum syncytin levels to
20 normal serum syncytin levels.

21. The method of claim 19, further comprising administering a therapeutically effective amount of M-CSF.

25 22. The method of claim 19, further comprising administering a therapeutically effective amount of a TNF α inhibitor.

23. The method of claim 19, further comprising administering a therapeutically effective amount of M-CSF and a therapeutically effective amount of a
30 TNF α inhibitor.

24. The methods of any of claims 22 or 23, wherein the TNF α inhibitor is etanercept.

25. The methods of any of claims 19 to 23, wherein said compound(s) are administered late during the first trimester or during the second trimester of pregnancy.

5 26. The methods of any of claims 19 to 23, wherein said compound(s) are administered beginning at approximately 14 to 16 weeks gestation and ending at approximately 30 weeks gestation.

27. The methods of any of claims 19 to 23, wherein said compounds are
10 administered beginning at approximately 14 to 16 weeks gestation and continuing until normal serum syncytin levels are achieved.

28. A method for treating a subject having a gestational trophoblast disorder, said method comprising administering a therapeutically effective amount of a syncytin
15 modulator.

29. The method of claim 28, wherein said gestational trophoblast disorder is selected from the group consisting of a missed or incomplete abortion, choriocarcinoma, hydatiform mole, and placental site tumor.
20

30. A method for treating a subject having a gestational trophoblast disorder, said method comprising administering a therapeutically effective amount of a syncytin modulator, wherein said syncytin modulator is a compound identified according to the method of any one of claims 1, 2, 3, 4, 5, or 6.
25

31. A kit for use in determining whether a subject has or is at risk for preeclampsia comprising a means for detecting syncytin mRNA or polypeptide in a biological sample or isolate thereof.

30 32. The kit of claim 31, wherein said means for detecting syncytin mRNA or polypeptide is a labeled or labelable agent capable of detecting syncytin mRNA or polypeptide.

33. The kit of claim 32, wherein the agent is a nucleic acid probe capable of hybridizing to syncytin mRNA.
34. The kit of claim 32, wherein the agent is an antibody capable of
5 specifically binding to syncytin polypeptide.
35. The kit of claim 31, further comprising an appropriate control.
36. The kit of claim 31, further comprising directions for use.

SEQUENCE LISTING

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His	Ala	Asn	Thr	His	Tyr	Trp	Thr	Gly	Lys	Met	Ile	Asn	Pro	Ser	Cys	100	105	110	115
Pro	Gly	Gly	Leu	Gly	Val	Thr	Val	Cys	Trp	Thr	Tyr	Phe	Thr	Gln	Thr	120	125	130	135
Gly	Met	Ser	Asp	Gly	Gly	Gly	Val	Gln	Asp	Gln	Ala	Arg	Glu	Lys	His	140	145	150	155
Val	Lys	Glu	Val	Ile	Ser	Gln	Leu	Thr	Arg	Val	His	Gly	Thr	Ser	Ser	160	165	170	175
Pro	Tyr	Lys	Gly	Leu	Asp	Leu	Ser	Lys	Leu	His	Glu	Thr	Leu	Arg	Thr	180	185	190	195
His	Thr	Arg	Leu	Val	Ser	Leu	Phe	Asn	Thr	Thr	Leu	Thr	Gly	Leu	His	200	205	210	215
Glu	Val	Ser	Ala	Gln	Asn	Pro	Thr	Asn	Cys	Trp	Ile	Cys	Leu	Pro	Leu	220	225	230	235
Asn	Phe	Arg	Pro	Tyr	Val	Ser	Ile	Pro	Val	Pro	Glu	Gln	Trp	Asn	Asn	240	245	250	255
Phe	Ser	Thr	Glu	Ile	Asn	Thr	Thr	Ser	Val	Leu	Val	Gly	Pro	Leu	Val	260	265	270	275
Ser	Asn	Leu	Glu	Ile	Thr	His	Thr	Ser	Asn	Leu	Thr	Cys	Val	Lys	Phe	280	285	290	295
Ser	Asn	Thr	Thr	Tyr	Thr	Thr	Asn	Ser	Gln	Cys	Ile	Arg	Trp	Val	Thr	300	305	310	315
Pro	Pro	Thr	Gln	Ile	Val	Cys	Leu	Pro	Ser	Gly	Ile	Phe	Phe	Val	Cys	320	325	330	335
Gly	Thr	Ser	Ala	Tyr	Arg	Cys	Leu	Asn	Gly	Ser	Ser	Glu	Ser	Met	Cys	340	345	350	355
Phe	Leu	Ser	Phe	Leu	Val	Pro	Pro	Met	Thr	Ile	Tyr	Thr	Glu	Gln	Asp	360	365	370	375
Leu	Tyr	Asn	Tyr	Val	Ile	Ser	Lys	Pro	Arg	Asn	Lys	Arg	Val	Pro	Ile	380	385	390	395
Leu	Pro	Phe	Val	Ile	Gly	Ala	Gly	Val	Leu	Gly	Ala	Leu	Gly	Thr	Gly	400	405	410	415
Ile	Gly	Gly	Ile	Thr	Thr	Ser	Thr	Gln	Phe	Tyr	Tyr	Lys	Leu	Ser	Gln	420	425	430	435

Glu Leu Asn Gly Asp Met Glu Arg Val Ala Asp Ser Leu Val Thr Leu
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 Gln Asp Gln Leu Asn Ser Leu Ala Ala Val Val Leu Gln Asn Arg Arg
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 Ala Leu Asp Leu Leu Thr Ala Glu Arg Gly Gly Thr Cys Leu Phe Leu
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 Gly Glu Glu Cys Cys Tyr Tyr Val Asn Gln Ser Gly Ile Val Thr Glu
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 Lys Val Lys Glu Ile Arg Asp Arg Ile Gln Arg Arg Ala Glu Glu Leu
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 Arg Asn Thr Gly Pro Trp Gly Leu Leu Ser Gln Trp Met Pro Trp Ile
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 Glu Ala Val Lys Leu Gln Met Glu Pro Lys Met Gln Ser Lys Thr Lys
 485 490 495
 Ile Tyr Arg Arg Pro Leu Asp Arg Pro Ala Ser Pro Arg Ser Asp Val
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(71) Applicant (*for all designated States except US*): GENETICS INSTITUTE, LLC. [US/US]; 87 Cambridge Park Drive, Cambridge, MA 02140 (US).

Published:
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(72) Inventors; and

(75) Inventors/Applicants (*for US only*): KEITH, James, C., Jr. [US/US]; 28 Vine Street, Andover, MA 01810 (US). MCCOY, John, M. [GB/US]; 56 Howard Street, Reading, MA 01867 (US). MI, Sha [US/US]; 4 Vernon Road, Belmont, MA 02178 (US).

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(74) Agents: PERRY, Lawrence et al.; Fitzpatrick, Cella, Harper & Scinto, 30 Rockefeller Plaza, New York, NY 10112 (US).

For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.



WO 02/004678 A3

(54) Title: METHODS AND COMPOSITIONS FOR DIAGNOSING AND TREATING PREECLAMPSIA AND GESTATIONAL TROPHOBLAST DISORDERS

(57) Abstract: The invention provides methods for identifying compounds which are modulators of syncytin expression. The invention also provides methods for diagnosing a subject who is suffering from or at risk for developing preeclampsia, and kits for diagnosing such a subject. The invention further provides methods for treating a subject who is suffering from or at risk for developing preeclampsia. The invention still further provides methods for treating a subject who is suffering from a gestational trophoblast disorder.

INTERNATIONAL SEARCH REPORT

Internal Application No
PCT/US 01/21719

A. CLASSIFICATION OF SUBJECT MATTER
IPC 7 C12Q1/68 G01N33/50 A61K38/00 //(A61K38/00, 38:19),
(A61K38/00, 38:17)

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)
IPC 7 C12Q G01N A61K

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

EPO-Internal, BIOSIS, MEDLINE, EMBASE, CHEM ABS Data, SEQUENCE SEARCH, WPI Data, PAJ

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	WO 99 02696 A (BIO MERIEUX ;BESEME FREDERIC (FR); BLOND JEAN LUC (FR); BOUTON OLI) 21 January 1999 (1999-01-21) page 3, line 1 -page 4, line 11 page 7, line 28 -page 9, line 4; claims 15-20 --- -/--	1-6, 8-18, 31-36

☒ Further documents are listed in the continuation of box C.

☒ Patent family members are listed in annex.

* Special categories of cited documents:

- *A* document defining the general state of the art which is not considered to be of particular relevance
- *E* earlier document but published on or after the international filing date
- *L* document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
- *O* document referring to an oral disclosure, use, exhibition or other means
- *P* document published prior to the international filing date but later than the priority date claimed

- *T* later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
- *X* document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
- *Y* document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.
- * & * document member of the same patent family

Date of the actual completion of the international search

17 January 2003

Date of mailing of the international search report

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Name and mailing address of the ISA

European Patent Office, P.B. 5818 Patentlaan 2
NL - 2280 HV Rijswijk
Tel. (+31-70) 340-2040, Tx. 31 651 epo nl,
Fax: (+31-70) 340-3016

Authorized officer

Petri, B

INTERNATIONAL SEARCH REPORT

Internat. Application No.

PCT/US 01/21719

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X	<p>BLOND J-L ET AL: "ENVELOPE GLYCOPROTEIN OF THE HUMAN ENDOGENOUS RETROVIRUS HERV-W IS EXPRESSED IN THE HUMAN PLACENTA AND FUSES CELLS EXPRESSING THE TYPED MAMMALIAN RETROVIRUS RECEPTOR" JOURNAL OF VIROLOGY, THE AMERICAN SOCIETY FOR MICROBIOLOGY, US, vol. 74, no. 7, April 2000 (2000-04), pages 3321-3329, XP000946327 ISSN: 0022-538X the whole document page 3325, column 1, paragraph 3 -column 2, paragraph 2; figure 3; table 2 abstract</p>	1-6, 8-18, 31-36
X	<p>MI SHA ET AL: "Syncytin is a captive retroviral envelope protein involved in human placental morphogenesis" NATURE, MACMILLAN MAGAZINES, US, vol. 403, no. 6771, 17 February 2000 (2000-02-17), pages 785-789, XP002147935 ISSN: 0028-0836 page 788, column 1, line 47 -column 2, line 9</p>	1-6, 8-18, 31-36
P,X	<p>WO 01 16171 A (INST NAT SANTE RECH MED ;BIO MERIEUX (FR); BLOND JEAN LUC (FR); B0) 8 March 2001 (2001-03-08) the whole document page 10, line 9 -page 10, line 13 page 13, line 28 -page 14, line 3; claims 1-13,15,23,32-37; example 2</p>	1-6, 8-18, 31-36
T	<p>LEE X ET AL: "Downregulation of placental syncytin expression and abnormal protein localization in pre-eclampsia." PLACENTA, vol. 22, no. 10, November 2001 (2001-11), pages 808-812, XP002227689 ISSN: 0143-4004</p>	

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US 01/21719

Box I Observations where certain claims were found unsearchable (Continuation of item 1 of first sheet)

This International Search Report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☐ Claims Nos.:
because they relate to subject matter not required to be searched by this Authority, namely:

2. ☒ Claims Nos.: 7, 19-30
because they relate to parts of the International Application that do not comply with the prescribed requirements to such an extent that no meaningful International Search can be carried out, specifically:
see FURTHER INFORMATION sheet PCT/ISA/210

3. ☐ Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

1. ☐ As all required additional search fees were timely paid by the applicant, this International Search Report covers all searchable claims.

2. ☐ As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.

3. ☐ As only some of the required additional search fees were timely paid by the applicant, this International Search Report covers only those claims for which fees were paid, specifically claims Nos.:

4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this International Search Report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest.
- ☐ No protest accompanied the payment of additional search fees.

FURTHER INFORMATION CONTINUED FROM PCT/SA/ 210

Continuation of Box I.2

Claims Nos.: 7, 19-30

Present claims 7, 19-30 relate to uncharacterized and undefined compounds defined solely by reference to a desirable characteristic or property, namely being a syncytin modulator, and/or by reference to a identification method.

The claims cover all compounds/methods having this characteristic or property, whereas the application provides support within the meaning of Article 6 PCT and/or disclosure within the meaning of Article 5 PCT for none of such products/compounds/methods. In the present case, the claims so lack support, and the application so lacks disclosure, that a meaningful search is impossible. Independent of the above reasoning, the claims also lack clarity (Article 6 PCT). An attempt is made to define the product/compound/method/apparatus by reference to a result to be achieved. Again, this lack of clarity in the present case is such as to render a meaningful search impossible. Consequently, no search has been carried out for these claims.

The applicant's attention is drawn to the fact that claims, or parts of claims, relating to inventions in respect of which no international search report has been established need not be the subject of an international preliminary examination (Rule 66.1(e) PCT). The applicant is advised that the EPO policy when acting as an International Preliminary Examining Authority is normally not to carry out a preliminary examination on matter which has not been searched. This is the case irrespective of whether or not the claims are amended following receipt of the search report or during any Chapter II procedure.

INTERNATIONAL SEARCH REPORT

Information on patent family members

International Application No

PCT/US 01/21719

Patent document cited in search report		Publication date	Patent family member(s)	Publication date
WO 9902696	A	21-01-1999	AU 8447098 A EP 1000158 A1 WO 9902696 A1 JP 2002512530 T	08-02-1999 17-05-2000 21-01-1999 23-04-2002
WO 0116171	A	08-03-2001	FR 2797888 A1 FR 2797889 A1 AU 7297100 A EP 1212359 A1 WO 0116171 A1	02-03-2001 02-03-2001 26-03-2001 12-06-2002 08-03-2001